

DCFS LaGov HCM PRIOR PERIOD ADJUSTMENT FORM

PAY PERIOD NUMBER TO ADJUST _____

PAY PERIOD DATES _____

PERSONNEL AREA NUMBER _____

360

AGENCY NAME _____

DCFS

OFFICE NAME/LOCATION _____

EMPLOYEE NAME

_____PERSONNEL NUMBER

_____TIME ADMINISTRATOR NAME

TIME ADMIN TELEPHONE NUMBER _____

TIME ADMIN GROUP NUMBER

DATE _____

EMPLOYEE ADMINISTRATION ENTRY ONLY

DATE _____

EA SIGNATURE _____

ACTION TAKEN:

TIME FILE_____
ADJUSTMENT_____
JV_____
OFF CYCLE Correction _____ On Demand __________
REVERSAL

CURRENT PAY PERIOD/NUMBER _____

DATE TO BE
ADJUSTEDORIGINAL DATA
ENTEREDCORRECT DATA
TO BE ENTERED

DATE	HR / TYPE	CC	FC	SUB OBJ	REPORTING	HR / TYPE	CC	FC	SUB OBJ	REPORTING
1. _____	____/____	_____	_____	_____	_____	____/____	_____	_____	_____	_____
2. _____	____/____	_____	_____	_____	_____	____/____	_____	_____	_____	_____
3. _____	____/____	_____	_____	_____	_____	____/____	_____	_____	_____	_____
4. _____	____/____	_____	_____	_____	_____	____/____	_____	_____	_____	_____
5. _____	____/____	_____	_____	_____	_____	____/____	_____	_____	_____	_____
6. _____	____/____	_____	_____	_____	_____	____/____	_____	_____	_____	_____
7. _____	____/____	_____	_____	_____	_____	____/____	_____	_____	_____	_____
8. _____	____/____	_____	_____	_____	_____	____/____	_____	_____	_____	_____
9. _____	____/____	_____	_____	_____	_____	____/____	_____	_____	_____	_____
10. _____	____/____	_____	_____	_____	_____	____/____	_____	_____	_____	_____

COMMENTS:

I HEREBY CERTIFY THAT THE ABOVE ADJUSTMENT IS ACCURATE AND SUPPORTED BY APPROPRIATE DOCUMENTATION.

APPROVED _____

TITLE _____

DATE _____